

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 06/01/06		2 Serial/Patent # 10/718,296			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
X	Petition	None	10/25/05	\$ 55.00	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 55.00	
		8 TO BE REFUNDED BY:			
10 REASON:		X	Treasury Check		
	Overpayment		Credit Deposit A/C #:		
	Duplicate Payment	9			
X	No Fee Due (Explanation):				
Filed under 1.137(a), treated under 1.181(a), which does not carry a petition fee.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Paul Shanowski		TITLE: Senior Attorney			
SIGNATURE:		PHONE: 571-272-3225			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED:		DATE: 6/5/06			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

1999



DAC#  
JFW

Application No. 10/718,296

October 13, 2005

Petition to Withdraw Holding of Abandonment

Attention Mr. Hugh B. Thompson

Date mailed: 17/10/2005

Upon receipt of Notice of Abandonment of ~~October 11~~ 2005, due to my failure to respond to Office Communication of March 9, 2005, I wish to advise you that my failure to respond to your communication of March 9, was an unavoidable delay because this letter was never delivered to me.

Upon your recommendation that I make a Petition, under 37 CFR 1.137 (a) for unavoidable delay, I wish to complete the application form showing my corrected postal address, telephone number and all other details contained in the DECLARATION FOR UTILITY DESIGN PATENT APPLICATION (37 CFR 1.63).

As reference to my good faith and proof of my desire to continue my applications, upon immediate receipt of the ~~October 11~~ 2005 Notice of Abandonment, I phoned you immediately and spoke to you at length.

With completed application, please find money order for fees of \$55.

Yours sincerely,

Alphonse Duperron

*Alphonse Duperron*  
*Alphonse Duperron*

Adjustment date: 06/05/2006 CKKLOK  
10/26/2005 HDEKES1 00000011 10718296  
01 FC:1999 -55.00 0P

Refund Ref:  
06/05/2006 CKKLOK 0000152088

CHECK Refund Total: \$55.00

Date: mailed 17/10/2005.

PTO/SB/01 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Alphonse Duperron  
Address 6210 Boulevard St-Michel #2  
City Montréal State Québec ZIP H1Y-2E7  
Country Canada Telephone 514-668-7943 Fax —

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☒ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Alphonse Family Name or Surname Duperron  
Inventor's Signature Alphonse Duperron Date 13/10/2005  
Residence: City Montréal State Québec Country Canada Citizenship canadien

Mailing Address 6210 Boulevard St-Michel #2  
City Montréal State Québec ZIP H1Y-2E7 Country Canada

NAME OF SECOND INVENTOR: NONE ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) NONE Family Name or Surname —  
Inventor's Signature — Date —  
Residence: City — State — Country — Citizenship —  
Mailing Address —  
City — State — ZIP — Country —

☐ Additional inventors are being named on the NONE supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.